Page 1 of 17

SEEC FORM 20

Itemized Campaign Finance Disclosure Statement CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Revised January 2015

RECEIVED

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COVER PAGE

TOWN AND CITY CLERK RRISTOL.CT

1. NAME OF COMMITTEE			
76 comm? Debusi	y for City Co	nci l	
2. TREASURER NAME First	MI	Last C	Suffix
HMY	K	Deprey	
3. TREASURER ADDRESS			State Zip Code
Street Address 11 Villa Ct	City	Oristol	CT 06010
	5. OFFICE SOUGHT (Complete only	y if Candidate Committee)	6. DISTRICT NUMBER
(mm/dd/yyyy) 11/03/15	Cancilman		<u> </u>
7. CANDIDATE NAME (Complete only if C	Candidate or Exploratory Committee)	Last	Suffix
First Seremy	2	Defrey	
8. TYPE OF REPORT (Check One Box)			
☐ January 10 filing	☐ 7th day preceding primary	☐ 7th day preceding referendum	☐ Initial Contribution or Disbursement (PACs ONLY)
☐ April 10 filing	☐ 30 days following primary	☐ 45 days following referendum	☐ Amendment to
July 10 filing	☐ 7th day preceding election	☐ Deficit	Type of Report:
☐ October 10 filing	☐ 12th day preceding election (State Central Committees Only)	☐ Termination	
☐ 24 Hour Independent Expenditure O Primary O Election	☐ 45 days following election not held in November		
9. PERIOD COVERED			
	Beginning Date	Ending Date	
	04/01/15	thru 06/30/15	
10. CERTIFICATION		2-2011 Modelly cases in the second property of the second	
I hereby certify and state, under posterior the period of	penalties of false statement, that criod covered is true, accurat	t all of the information set forth on the and complete.	nis Itemized Campaign Finance
		N 14 A	
TREASURER OR DEDUTY TREASUR	ER (SIGNATURE) PR	INT NAME OF SIGNER	DATE (mm/dd/yyyy)
A person who is	s found to have knowingly and faces a civil p	willfully violated any provisions of the penalty or imprisonment or both.	ne campaign finance statutes

SEEC FORM 20

Itemized Campaign Finance Disclosure Statement
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION
Revised January 2015

SUMMARY PAGE TOTALS

Fremy De Prey for City Cancil	COLUMN A	100
	This Period	COLUMN B Aggregate
11. Balance on hand January 1 of current year for ongoing and party committees OR Balance on hand from day committee was formed for all other committees		90
12. Balance on hand at the beginning of Reporting Period	90	
13. Contributions Received from Individuals (Sections A and B)		
14. Receipts from Other Committees (Sections C1 and C2)		
15. Other Monetary Receipts (Sections D through K)	<i>უ</i> 5,00	35.00
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)		
16b. Per Public Act 11-48, effective January 1, 2012 Section L2. removed		
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)		
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	35.00	JDS.00
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	35.00	70 S, CO
19. Expenses Paid by Committee (Section P)	77,98	ે સ્વક
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	7.02	7.02
21. In-Kind Donations not Considered Contributions Received (Section L4)		
22. In-Kind Donations not Considered Contributions — House Party (Section L5)		
23. In-Kind Contributions Received (Section M)		
24. Refundable Deposit to Telephone Company (Section N)		
25. Loan Balance	8	
25a. + Loans Received (Section D)	n5.00	35,00
25b. + Interest and Penalties on Loan	A	A
25c Payments on Loan	Ø	D
25d. Total Outstanding Loan Amount	h5.W	
26. Campaign Expenses Paid by Candidate (Section Q)		
27. Expenses Incurred on Committee Credit Card (Section R)		
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)		
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)		

NAME OF COMMITTEE (Provide Complete Name as Registe	ered with Filing Repository)	TYPE OF REI	PORT		
Seremy Deprey For C	ity Council	301	01 12	Fili	Na .
A. Total Contributions from Small Co	ntributors-Received this Perio				
(See instructions for definition of Small Contributo	r) SUBTOTAL SI	CERON-A			
				Side Hitching Stranger Mr.	and division or approximate the Nobel and America (the
	B. Itemized Contributions f	rom Individuals			
Last Name	First				MI
Residential Street Address	City		S	tate Z	Zip Code
Principal Occupation	Name of	Employer			
Is contributor a lobbyist, spouse,	oution is in excess of \$400 to a candidate for	a chief executive officer of a mu	ınicipality,	Amoun	t of Contribution
or dependent child of a lobbyist?	tributor or business he/she is associated with	have a contract with said munic Yes No	ipality		
Is this contribution associated with an Yes Is co	ontributor a principal of a state contractor or	prospective state contractor?	☐ Yes ☐ No		
event reported in Section L1?	If yes, indicate which branch or branches of government the contract is with:	☐ Executive ☐ Legislative	□ N0		
Method of Contribution:	Date Rece	eived Aggregate Contri	butions		
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Pay					
Last Name	First				MI
Residential Street Address	City		Si	tate Z	Lip Code
Principal Occupation	Name of	Employer			
Is contributor a lobbyist, spouse,	oution is in excess of \$400 to a candidate for	a chief executive officer of a mu	ınicipality,	Amoun	t of Contribution
or dependent child of a lobbyist? No does contained to the contained to	tributor or business he/she is associated with	have a contract with said munic Yes D No	ipality		
	contributor a principal of a state contractor of	prospective state contractor?	☐ Yes ☐ No		
event reported in Section L1?	If yes, indicate which branch or branches of government the contract is with:	☐ Executive ☐ Legislative			,
Method of Contribution:	Date Reco	eived Aggregate Contr	butions		, , , , , , , , , , , , , , , , , , ,
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Pay	,				MI
Last Name	First				IVII
Residential Street Address	City		s	tate 2	Zip Code
Principal Occupation	Name of	Employer			
or dependent child of a lobbyist? No does con	bution is in excess of \$400 to a candidate for a tributor or business he/she is associated with t more than \$5,000?	a chief executive officer of a man have a contract with said munical Yes \text{No}	unicipality, cipality	Amour	nt of Contribution
Is this contribution associated with an event reported in Section L1? No If yes, list Event #	contributor a principal of a state contractor of <i>If yes</i> , indicate which branch or branches of government the contract is with:	r prospective state contractor? □ Executive □ Legislative	□Yes □No		
Method of Contribution:	Date Rec	eived Aggregate Contr	ibutions		
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Pa	yroll Deduction	royan sign cook (2004) by proposition and an analysis of new series (·	
	SUBTOTAL Secti	on B — This Page			
	TOTAL of additiona	il Section B Pages		2.	
TOTAL OF ALL CO	NTRIBUTIONS FROM INDIVIDUA (Enter total on Line 13, Column A of	LS (Sections A + B) Summary Page Totals)			

NAME OF COMMIT	TEE (Provide Complete 1	Vame as Registered wi	th Filing Reposi	tory)		TYPE OF REPOR	T	
Jeren		\	Carroll			JU/4 1	o Filina	
	\mathcal{L}^{N}			ns from O	ther Comm	ittees)	
Name of Committee					Name of Treasu	COMMENSACION CONTRACTOR OF THE PROPERTY OF THE		
Address				T=	<u> </u>		Amount of	Contribution
Address				Is this contr	bution associate ed in Section L1	l with an ☐ Yes ☐ No	Amount of	Contribution
					<i>If yes</i> , lis	t Event#		
City		State	Zip Code	Date Rece	ived	Aggregate Contributions		
N 60			<u> </u>	1	Name of Treasu	ror		
Name of Committee					Name of freasu	ici		
Address				Is this contr	bution associate	with an Yes No	Amount of	Contribution
				event report	ed in Section L1'	, – –		
C.L.	·	State	T-2: 0.1	Date Rece		t Event #Aggregate Contributions		
City		State	Zip Code	Date Rece	IVCu	Aggregate Continuations		
Name of Committee			<u> </u>	·	Name of Treasu	rer		
				·	<u> L</u>			
Address				Is this contr	bution associated ed in Section L1	d with an Yes No	Amount of	Contribution
				event report	If yes, lis	t Event#	_	
City		State	Zip Code	Date Rece	ived	Aggregate Contributions		
TORNOLOGICA DE CONTRA DE C	entranta de la composito de la							sementaj ir sementaj ir sistema este
	C2. Re	imbursement	s or Surpl	us Distrib	itions from	other Committees		
Name of Committee					Name of Treasu	rer		
Address				City			State	Zip Code
	Expenditure #	·		<u> </u>				
Date Received	(if applicable)	Payment Type					Amount	of Receipt
		Reimburseme	nt for shared e	expense \square S	urplus Distributi	on		
Description								•
Name of Committee					Name of Treasu	rer		
				City			State	Zip Code
Address				City			State	Zip code
No.						•		
Date Received	Expenditure # (if applicable)	Payment Type					Amount	of Receipt
		☐ Reimburser	nent for shared	d expense	Surplus Distrib	ution		
Description								
Description								
			Service description					
n sa primarile na mara			SUBTO	TAL Section	on C—This	Page		
			TOTAL	of addition:	il Section C	Pages		
The second secon		- Non-State Contract of Contract Contra	CONTRACTOR OF THE PROPERTY OF	CHEST TOTAL TOTAL CONTROL OF THE SECOND	CONTRACTOR OF THE PROPERTY OF THE PARTY.	ESPANSE PROTECTION OF THE PROT		
		LL COMMIT						
		LL COMMIT C1 + C2) (Enter to						

NAME OF COMMITTEE Provide Complete Name as Registered with F	1111			TYPE	OF REPORT	
Seremy Deprey for City	<u>ioncil</u>			<u> </u>	7014 10:	Filing
	. Loans Rec		d this Period		_	Date of Receipt,
Name of Lender Sereny Deprey	•		Bank Candida		Committee	06/05/15
Street Address 11 Villa Ct.	City Original	yO	\	State	Zip Code Coolo	Is there a Cosigner or Guarantor of this loan? Yes No
Name of Cosigner/Guarantor (if applicable)	<u> </u>					Amount Received
						935.00
Street Address	City			State	Zip Code	7 3 25 50
Name of Lender			Source of Loan: Bank Candid	ate 🔲 Indiv	ridual	Date of Receipt
Street Address	City			State	Zip Code	Is there a Cosigner or Guarantor of this loan?
						☐ Yes ☐ No
Name of Cosigner/Guarantor (if applicable)						Amount Received
	1			1.64.4	7:- 0-1-	
Street Address	City			State	Zip Code	
			G CY			Date of Receipt
Name of Lender			Source of Loan: Bank Candid	late Indiv	Committee	
Street Address	City			State	Zip Code	Is there a Cosigner or Guarantor of this loan? Yes No
Name of Cosigner/Guarantor (if applicable)	<u> </u>					Amount Received
producer in Table 1996 in Section 2006. NAT				100		
Street Address	City			State	Zip Code	
		150	TOTAL SECTIO	ON D		P35.00
					ranta-tropose des deservos desposos unid	
E. Receipts from Entities other tha	an Individua	als o	r Other Comm	ittees (Re	ferendum Commit	iees ONLY)
Name of Entity						
Street Address				Date Receiv	ed	Amount Received
City	State	·	Zip Code	Aggregate C	Contributions	-
		-				
Name of Entity						
Street Address				Date Receiv	ed	Amount Received
Street Address						
City	State	3	Zip Code	Aggregate (Contributions	-
Name of Entity					-	
Street Address				Date Receiv	ved .	Amount Received
City	State	e	Zip Code	Aggregate	Contributions	
		rios (a				<u> </u>
			TOTAL SECTI	ONE		a opinajas jaraj

NAME OF COMMITTEE (Prov	ride Complete Name as Regisi			e de les les desires			OF REPORT
	prey to Cit	ry Cana					July 10 Liling
and the control of the state of	ount Transferred	from Affilia	ated Bu	siness Tr	easury (Busine	ess Entit	
Date of Receipt	Is this transaction associevent reported in Section		☐ Yes ☐ No	If yes, list I	Event #		Amount
Date of Receipt	Is this transaction associ event reported in Section		☐ Yes ☐ No	<i>If yes</i> , list I	event #		Amount
Date of Receipt	Is this transaction associ		☐ Yes ☐ No	<i>If yes</i> , list E	Event #		Amount
Date of Receipt	Is this transaction associ		☐ Yes ☐ No	If yes, list E	ivent #		Amount
	CONTRACTOR OF THE CONTRACTOR O			ТОТ	AL SECTION	F	
G. Amount Transfo	erred from Affilia	ted Labor U	nion or	Other (Organization [Γreasu	ry (Organization Committees ONLY)
Date of Receipt		Date of Receipt				Date of R	eceipt
Amount			Aı	nount		· · · · · · · · · · · · · · · · · · ·	Amount
, and the second						-	
				ТОТА	L SECTION C	y .	
H. I	Personal Funds of	the Candida	ate Reco	eived this	Period (Cana	lidate Co	ommittees ONLY)
Date of Receipt	Method of payment:						Amount
	☐ Cash	☐ Pe	rsonal Che	ck	☐ Credit/Debit C	ard	A Mark Committee of the Artist Committee of the Committee
Date of Receipt	Method of payment:						Amount
	☐ Cash	☐ Pe	rsonal Che	ck	☐ Credit/Debit C	ard	
Date of Receipt	Method of payment:						Amount
	☐ Cash	☐ Pe	rsonal Che	ck	☐ Credit/Debit C	ard	
Date of Receipt	Method of payment:						Amount
	☐ Cash	☐ Pe	rsonal Che	ck	☐ Credit/Debit C	ard	*
		e se		TC	TAL SECTIO	NΗ	
		T, Ano	nymous	s Contril	outions		
amount	Public Act 11-48, If a committee	receives an	anonyr	nous coi	ntribution, the	e camp	aign treasurer shall

for deposit in the General Fund.

NAME OF COMMITTEE	(Provide Complei	te Name as Registered with I	iling Repository)		TYPE OI	REPORT		
Jeremu,	De Drey	for City C	ancil		7	TULU 10 F	<u>-///</u> //	<u>Q</u>
e de la companya del companya de la companya del companya de la co). 	J. Interest f	rom Deposits in Auth	orized Account	NATURAL CONTROL OF THE PARTY OF THE			
Name of Institution					Date Rece	ived		Amount
Street Address			City	 St	ate	Zip Code		
Sheet Address			City					
Name of Institution	·				Date Rece	ived		Amount
	. 4				;			
Street Address			City	St	ate	Zip Code		
125	Book programme stage agency							
			T	OTAL SECTION	IJ	mannessikan-erottartikannistilek	STATES AND	
est consideration of the second secon	K. I	Miscellaneous Mo	netary Receipts not	Considered Co.	itribut	ions		
Name					Date	e of Transaction	A	mount Received
Street Address			City		State	Zip Code		
SHOOL FAMILESS								
Description		:					1	
Name				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Date	e of Transaction		mount Received
Tamo						·.		
Street Address			City		State	Zip Code		•
Description					1			
Name					Dat	e of Transaction	A	mount Received
Street Address			City	,	State	Zip Code		
Successive								
Description								
Name					Dat	te of Transaction	A	Amount Received
Street Address			City		State	Zip Code		
Description								
			TOTA	L SECTION K				
	STMM	e apazeaidean é em	RUMIONIETEARNY RIBA	TIPTS (Section	ns D th	rough K)		
Total Loans Received							9	00, <i>2</i> C
			ther Committees (Section	F)	+			33(0-
				E)	+			
Total Amount Transfe				<i>(</i> 2 .: 0				
		<u> </u>	or Other Organization T					
Total Amount of Person	onal Funds of	f the Candidate Recei	ved this Period (Section	H) 	+			
Total Amount of Inter	rest from Dep	osits in Authorized A	accounts (Section J)		+			
Total Miscellaneous N	Monetary Rec	eipts not Considered	Contributions (Section K) e grise degre	+			
			Total of C	Other Monetary	A PROPERTY OF THE PROPERTY OF	TO POTO CONTRACTOR	¢.	უ5.00

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Re	ository)	TYPE OF REPORT		
Delemy Deprey for City Counci	\	Sold 1	O FILIN	()
eta . eta . Li.	Event Information	.		J
Event # Description			Was this a fix	ndraising event
Date of Event Letter				
			☐ Yes	□ No
Location: Street Address	City		State	Zip Code
	and the second of the second			
			·	
Subpart 1: (All Committees)				
Was this event hosted at a personal residence?	☐ Yes (If yes, go to Section	on L5 In-Kind Donations n	ot Considered (Contributions
		House Party and complete		mation for any
		y host(s) for food, beverage a	and invitations.)	
- The second of	□ No			
Did this fundraiser include goods or services donated by a business		on L4 In-Kind Donations n	ot Considered	Contributions
of up to \$200 or items donated by an individual of up to \$100?	and complete requ	ired information.)		
	□ No	<u>Y</u>		
Was this fundraiser a tag sale, auction, or other sale of donated item	☐ Yes (If yes, enter Total	Receipts here.)	·	
with purchases from an individual of up to \$100?		· · · · · · · · · · · · · · · · · · ·	\$	
	□ No			
Subpart 2: (Party Committees, Municipal Candidates and Politica	Committees other than Explora	tory Committees)		
Were there purchases of advertising space in a program book or on		on L3 Purchases of Adverti		Program Book
sign associated with this fundraiser?	or on a Sign and	complete required informa	tion.)	
	□ N0			
Subpart 3: (Town Committees ONLY)				
Did your committee sell food or beverage at a fair or similar mass	☐ Yes (<i>If yes</i> , enter Total	Receipts here.)	\$	
gathering held within the state with this fundraiser?	□ No			
	ы 140			
Event # Description			Was this a fur	draising event?
Date of Event Letter			☐ Yes	□ No
			Li i es	LI NO
Location: Street Address	City		State	Zip Code
				l
Subpart 1: (All Committees)				
Was this event hosted at a personal residence?		on L5 In-Kind Donations no		
and the second of the second o		House Party and complete		mation for any
	□ No	host(s) for food, beverage a	na mynadons.)	
Did this fundraiser include goods or services donated by a business		ion L4 In-Kind Donations n	ot Considered (Contributions
of up to \$200 or items donated by an individual of up to \$100?	and complete requ	nired information.)		•
Was this fundraiser a tag sale, auction, or other sale of donated item	☐ Yes (If yes, enter Tota	l Receipts here.)	_	
with purchases from an individual of up to \$100?			\$	
	□ No			
Subpart 2: (Party Committees, Municipal Candidates and Politica	Committees other than Explora	tory Committees)		n n 1
Were there purchases of advertising space in a program book or on sign associated with this fundraiser?		on L3 Purchases of Advertise complete required information		Program Book
sign associated with this fundraiser?	□ No	complete i equil ed informat	non.)	
Section 2. The Committee ONE VI	— 110		· · · · · · · · · · · · · · · · · · ·	
Subpart 3: (Town Committees ONLY)	□ V (76 T	Baratata tana S	·	
Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?	☐ Yes (If yes, enter Total	Receipts nere.)	\$	
gamering neid within the state with this fundraiser?	□ No	*		
	- 110			
SUBTOTAL Section L1—Subpart 1 (All Committees) Total Reco	ipts from Sale of Donated Item	s — This Page		
			,	
	L Section L1—Subpart 3 (Town Co			
Tota	Receipts from Food Purchase	s — This Page		
				
	TOTAL of additional Se	ction L1 Pages		
TATE OF EXTRA	ECEIPTS FROM SMALL	DIDCHACEC		
I UIALUL ALL	ADSEMBLE DINUMBANIALE	mary Page Totals)		

Per Public Act 11-48, effective January 1, 2012 committees are no longer required to itemize small individual purchases from a committee tag sale, auction, or a sale of donated items. Section L2. removed

	and the same of th	September 200	00100004000000000	A man the control of the control of the control of		Proposition and the control	CANADA SANTA S		The Section Section	
NAME OF COMMITTEE	(Provide Gomple	ete Name as	Registere	d with Filing Repositor	יער		TYPE OF REPOR	Mark No. Control of the Control		
Jeremu	DeDrea	tor (<u>utu</u>	Cancil			and the second of the second o	70	FILING	Annual Control of the
	\- \- \- \- \- \- \- \- \- \- \- \- \- \	_3. Pur	chases	of Advertisin	g in a Prograi	m Book or c	n a Sign 💛	,	~	,
Name of Purchaser		100000000000000000000000000000000000000			1. T. 1. T. 1. C. 1.	447M39/25 12(67E54 (569)-4-1941 (569)	P	urchase	e Made By:	
								☐ Bus	siness Entity	☐ Other
								☐ Ind	ividual/Sole P	roprietorship
Street Address		1			City	······································			State	Zip Code
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Date Received	Event #			Aggregate Purchases	tor All Events	Amount of Pro	ogram Ad Purchase	1	Amount of Sig	ar en chașe
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Name of Purchaser	L	····				<u> </u>	P	urchase	e Made By:	
THERE OF A MOTION							i		siness Entity	☐ Other
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Street Address					City				State	Zip Code
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Date Received	Event #			Aggregate Purchases	for All Events	Amount of Pro	ogram Ad Purchase	2	Amount of Sig	n Purchase
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27 CD 1	<u> </u>			· ·		<u> </u>	T F	urchas	e Made By:	
Name of Purchaser		*							siness Entity	Other
in the state of th									ividual/Sole P	
			· · · · · · · · · · · · · · · · · · ·		City				State	Zip Code
Street Address		•			City					
Date Received	Event #			Aggregate Purchases	for All Events	Amount of Pr	ogram Ad Purchas	e	Amount of Sig	gn Purchase
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								Drume 1	a Mada Den	
Name of Purchaser							•		e Made By: siness Entity	☐ Other
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Date Received	Event #			Aggregate Purchases	for All Events	Amount of Pr	ogram Ad Purchas	e	Amount of Si	gn Purchase
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Name of Purchaser									se Made By:	
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Street Address					City				State	Zip Code
Date Received	Event #			Aggregate Purchases	s for All Events	Amount of Pr	rogram Ad Purchas	se	Amount of Si	gn Purchase
Date Received					ale gradu gada. Bar			1		
						1		$oldsymbol{\perp}$		
	CLIDEOE	ar e		et al Daniel Lance	Advertising in P	rogram Rook	This Page			
	20R10I	AL Secti	vn 1.3 1	otar r urchases 0)	Advertising mar	LOGIAM DOOK	s. agc		<u> </u>	
	Ü	RTOTA	مم ک	ion I 3 Total Pur	chases of Adverti	sing on a Sign	— This Page			
	3.	JU1917	L DCCL	Januari di			P			
					TOTAL of	additional Sect	tion L3 Pages			
TOTA	L OF ALL	PURCH	ASES ()F ADVERTISI	NG IN A PROGR	AM BOOK of	ON A SIGN		r di di ren di di	
				(Enter total on	Line 16c, Column	i A of Summary	rage Totals)			

NAME OF COMMITTE	EE (Provide Complete Name as Register	ed with Filing Repository)			TYPE OF REPOR	T		
Sere	emi DeDrew Fox C	ity Carril			Zola	10	Filin	Q
	ー `ー〉L4. In-K	ind Donations N	ot Conside	red Contribu	itions 🗀)
Name of Donor								
Street Address			City				State	Zip Code
							<u> </u>	<u> </u>
Donation Given By:	Description of Donation					Fair I	Market Val	ue of Donation
☐ Business Entity ☐ Individual		- 		,				
☐ Sole Proprietorship	Date Received	Event #		Aggregate Value fo	or this Event		÷	
'								
Name of Donor								
Street Address		·	City				State	Zip Code
Donation Given By:	Description of Donation		L			Fair N	l Market Valı	l ue of Donation
☐ Business Entity							. 22	
☐ Individual	Date Received	Event #		Aggregate Value fo	or this Event			
☐ Sole Proprietorship								
Name of Donor								
Street Address			City				State	Zip Code
		; ;						
Donation Given By:	Description of Donation					Fair N	Market Valı	ue of Donation
☐ Business Entity								
☐ Individual ☐ Sole Proprietorship	Date Received	Event #	•	Aggregate Value fo	or this Event			
2 2010 11 0p. 1000.5p		<u> </u>		<u> </u>	<u> </u>	L		
Name of Donor								
Street Address			City				State	Zip Code
Donation Given By: ☐ Business Entity	Description of Donation					Fair N	Aarket Valu	ie of Donation
☐ Individual	Date Received	Event#		Aggregate value for	r this Event			
☐ Sole Proprietorship								
	0.72	SURTO	TAL Section	L4— This Pag	ė			
		TOTAL	of additional	Section L4 Pag	es.			•
TOT	AL OF ALL IN-KIND DONA	TIONS NOT CON	SIDERED CO	ONTRIBUTION	IS.	,		
		total on Line 21, Col						4.0 SA 4
					· · · · · · · · · · · · · · · · · · ·			•
							eges to end	

NAME OF COMMITTEE (Pre	ovide Complete Name as Registered with Filing Reposit	ory)			TYPE OF REP	ORT	
Jeremy Dr	Eprey For City Cancil	i iras biorina			Sul	V 10.	Filing
→)L5.	In-Kind Donations Not Considere	d C	Contributions Associa	ted with a F	louse Part	ў	
Name of Host				Is this event s	upporting mo	re than on	e candidate or
				committee?			dum 15
				If yes, co.	mplete Itemiza		
Street Address			City			State	Zip Code
					·		
					E-i- Mani	Value o	f Donation
Description of Donation					Fair Mari	ket value o	I Denation
						•	
Event #	Aggregate Value of this Event—all hosts	Ag	gregate Value of all Events—this he	ost/candidate			
		1					
		<u> </u>		To this event s	unnorting mo	re than on	e candidate or
Name of Host				committee?	□ Yes □ No)	e canadate of
				1	mplete Itemiza		endum L5
			City	1 3,3.5,5.5	r	State	Zip Code
Street Address			City				1
Description of Donation					Fair Mar	ket Value o	f Donation
Description of Donaton							-
Event #	Aggregate Value of this Event—all hosts	Ag	gregate Value of all Events—this h	ost/candidate			
				*			
Name of Host		Ь-		Is this event	supporting mo	re than on	ne candidate or
I valido di 11050				committee?	☐ Yes ☐ No	j ·	**
				If yes, co	mplete Itemiza	tion in Add	lendum L5
Street Address			City	•		State	Zip Code
						<u> </u>	<u> </u>
Description of Donation			er en		Fair Mar	ket Value (of Donation
Event #	Aggregate Value of this Event—all hosts	Ag	ggregate Value of all Events—this h	ost/candidate			
Event #	1156.08.10 / 11110 02 1111 11110						
		\perp			<u> </u>		
Name of Host					supporting mo ☐ Yes ☐ No		ne candidate or
				1	mplete Itemiza		lendum I 5
				IJ yes, Co	Jiipiete Heimz	State	Zip Code
Street Address		• :	City			State	Zip Code
Description of Donation		-		•	Fair Mar	ket Value	of Donation
Description of Donation					Tan Mai	Ret value	
					4		
Event #	Aggregate Value of this Event—all hosts	A	ggregate Value of all Events—this I	nost/candidate			
					L		
		SUI	BTOTAL Section L5—	This Page			
SERVICE AND ADMINISTRATION OF THE SERVIC						· · · · · · · · · · · · · · · · · · ·	
	T	ΩТ	AL of additional Section	n I.5 Pages			
		. ا ب	. II of additional Section	mb***			
TOTAL C	F ALL IN-KIND DONATIONS NO	T C	ONSIDERED CONTR	IBITIONS			
ASSOCIATED WITH		ino	22, Column A of Summary	Page Totals)			
ASSUCIATED WITH	A HOUSE LANT I (Enter total on I	C	,,,,,,,,,,				
4.4							

NAME OF COMMITTEE Provide Complete	Name as R	eoistered with	a Filino Repository)		`	TYPE OF	REPORT		
Jeremu Desreu	Fur	1.41	linka)	<u> Marie</u>		7	wiln 10	Filir	M
School School	5	<u> </u>	M. In-Kind Co	intr	ributions		30.70	_ V V (\(\cdot\)	<u> </u>
Name	<u>Ā</u> SESSANAS								
20.0									grands.
Street Address				Ci	ity			State	Zip Code
Type of contributor:	Date Recei	ived	Aggregate Contributions		Description of In-Kind Co	ontribution			
☐ Individual / Sole Proprietorship ☐ Other									
Is contributor a lobbyist, spouse,					te for a chief executive off				
or dependent child of a lobbyist?	does cor	ontributor or b at more than		.ated	with have a contract with ☐ Yes ☐ No	h said mun	icipality		Market Value s Contribution
Is this contribution associated with an	☐ Yes	Is contribu	utor a principal of a state		tractor or prospective stat	te contracto	or?	· .	Constant
event reported in Section L1? If yes, list Event #	□ No	If yes,	, indicate which branch of ernment the contract is w	or bra			□No		
Name		01 50.0	riment the contract to	lui.	L DAGGGTTO _	Logionic.	ve		
Name									
Street Address				Cit	iter			State	Zip Code
David Andrews					y				Lip July
Type of contributor: Committee	Date Recei	ived	Aggregate Contributions		Description of In-Kind Co	ontribution			
☐ Individual / Sole Proprietorship ☐ Other		V 02	***************************************		2000	J			
	If cont	ribution is ir	excess of \$400 to a car	dida	te for a chief executive of	fficer of a	municinality.	Fair	Market Value
Is contributor a lobbyist, spouse, Yes or dependent child of a lobbyist? No	does co	ontributor or	r business he/she is assoc		d with have a contract wit				s Contribution
Is this contribution associated with an	<u>'</u>	at more than			Yes No		^		
event reported in Section L1?	☐ Yes	If yes, i	indicate which branch o	or bra			□No		
If yes, list Event #			rnment the contract is wi		☐ Executive ☐	Legislativ			
Name	-			_					
Street Address		•		-IC;				State	Zip Code
Street Address				Cit	У			State	Zip Code
TCommittee	Date Receiv		Aggregate Contributions	上	Description of In-Kind Co	ibution			<u> </u>
Type of contributor: ☐Committee ☐Individual / Sole Proprietorship ☐Other	Date Noo.	vea	Aggregate Controduction		Description от та-тыма СС	muluuuu			
	Tf cont	-it-ution is ir		1:42	te for a chief executive of	ecar of a t	icinality	Foin !	1 .4 \$7-lug
Is contributor a lobbyist, spouse, U Yes or dependent child of a lobbyist? No	does co	ontributor or	business he/she is associ		d with have a contract wit				Market Value s Contribution
	<u> </u>	at more than			☐ Yes ☐ No			•	,
Is this contribution associated with an event reported listed in Section L1?	☐ Yes ☐ No		tor a principal of a state of indicate which branch of		ractor or prospective state anches	e contractor	r?		
If yes, list Event #			ernment the contract is wi		☐ Executive ☐] Legislati			<u> </u>
			SUBTOTAL	L Se	ection M — This Page				
						entra de la companya			
					onal Section M Pages	200			-
TOTAL OF ALL IN-KIND CON	TRIBUT	fions æ	nter total on Line 23, Col	lumn	A of Summary Page Tota	uls)			
	N	Refun(dable Denosit to	Tel	ephone Company	7			
Last Name of Individual			First		·huouc		мі і	Date Deposit	it Made
Last Name of monorcan								Date	t iviace
Residential Street Address			City	e .	17	State 2	Zip Code		
Residential Street Addicss			City			itate	Zip Code		Amount of
·				_					Deposit
Name of Telephone Company							. :		
			garaga (n. 1945). Garaga (n. 1946).						
Street Address			City		8	State 2	Zip Code		
					-				
						L	<u> </u>		
TOTAL SF	CTION	N (Enter 1	total on Line 24, Colum	in A	of Summary Page Totals	5)			

SEEC FORM 20 Revised January 2015

IV. EXPENDITURES (Sections P—T)

Page 13 of 17

NAME OF COMMIT	TBE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT				
Secent Deprey to City Cashil Dily C				i-cling			
P. Expenses Paid by Committee Name of Pavee Date of Payment Method of Payment:							
Name of Payee		Horland Clark	e 06/15/15	Check #			
Street Address	, , , ,	1 City	100/13/13	Debit Card MEFT State Dip Code Code			
Street Address	- 15935 La Contera	City	ion Antonio	State X Zip Code 1875			
Purpose of Expenditure (by code)	Description OF Checks	Ex	vent #	Amount			
Expenditure #	Type of Expenditure (Itemization in Addendum P Required un	nless "None of the below" is che	ecked)	\$20.98			
(іў аррисавіе)	None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization: O A O B O C O D						
Name of Payee	First On	CALCULA CAMO	Date of Payment Colocits	Method of Payment: Check # Debit Card FEFT State Zip Code			
Street Address	8P2 X0	City OLP FOI		State Zip Code CT CCON			
Purpose of Expenditure (by code)	Description Checking account fee	Ev	rent #	Amount			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required und None of the below (does not involve another candidate or complete Coordinated with reimbursement sought (joint expenditure). Coordinated without reimbursement sought (in-kind contract).	mmittee)		90.60			
Name of Payee		— Giganization	Date of Payment	Method of Payment:			
				☐ Check # ☐ Debit Card ☐ EFT			
Street Address		City		State Zip Code			
Purpose of Expenditure (by code)	Description	Ev	rent#	Amount			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization: O A O B O C O D						
Name of Payee			Date of Payment	Method of Payment: Check # Debit Card DEFT			
Street Address		City		State Zip Code			
Purpose of Expenditure (by code)	Description	E	vent#	Amount			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	ommittee) rre)					
		SUBTOTAL Section P — I	his Page	433'08			
		OTAL of additional Section					
		ENSES PAID BY COMN te 19, Column A of Summary Po		3 79 GG			

NAME OF COMMIT	TEE: (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT				
Jecem		July to Filing						
Q. Campaign Expenses Paid by Candidate								
Name of Payee (Name of V	endor, Person or Entity who candidate paid directly)			Date of Payment	Is reimb	ursement claimed?		
						Yes 🔲 No		
Street Address		City			State	Zip Code		
e e e e e e e e e e e e e e e e e e e								
Purpose of Expenditure	Description		Event #	<i>I</i> ·		l Amount		
(by code)						•		
Name of Payee (Name of V	Vendor, Person or Entity who candidate paid directly)			Date of Payment	Is reimb	ursement claimed?		
					י ם י	Yes 🔲 No		
Street Address		City			State	Zip Code		
Purpose of Expenditure	Description		Event #			l Amount		
(by code)								
Name of Payee (Name of V	endor, Person or Entity who candidate paid directly)			Date of Payment	Is reimbursement claimed?			
					☐ Yes ☐ No			
Street Address		City			State	Zip Code		
Purpose of Expenditure (by code)	Description		Event #			Amount		
Name of Payee (Name of V	'endor, Person or Entity who candidate paid directly)			Date of Payment Is reimbursement claim				
					Y	es □ No		
Street Address		City			State	Zip Code		
Purpose of Expenditure	Description	1	Event #	!		Amount		
(by code)			٠		,			
Nama of I	The state of the annual data and disposite			Date of Payment	Ysimbs			
Name of Payee (Name of V	endor, Person or Entity who candidate paid directly)			Date of Payment	Is reimbursement claimed?			
inancia ana ang mga gaga mana ana ana ana ana ana ana ana ana a								
Street Address		City			State	Zip Code		
· .								
Purpose of Expenditure (by code)	Description		Event#			Amount		
(by code)								
Name of Payee (Name of V	l Vendor, Person or Entity who candidate paid directly)			Date of Payment	Is reimb	arsement claimed?		
· · · · · · · · · · · · · · · · · · ·						es 🗆 No		
Street Address		City			State	Zip Code		
Purpose of Expenditure	Description		Event #		F	Amount		
(by code)				; ·				
		SUBTOTAL Section Q —	-This	Page				
	To	ITAL of additional Section	n Q P	ages :				
	TOTAL OF ALL EXP	PENSES PAID BY CAL te 26, Column A of Summary						

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT								
MIR		AND SAME THE PROPERTY OF THE SAME SAME SAME SAME SAME SAME SAME SAM	July 10	ili-i	<u>nd</u>			
R. Expenses Incurred on Committee Credit Card								
Name of Issuing Institu								
	an Express							
Name of Vendor, Person or Entity					nsaction			
Street Address		City		State	Zip Code			
	1							
Purpose of Expenditure (by code)	Description		Event #		Amount			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Required	l unless "None of the below" i	s checked)					
(y approach)	□ None of the below (does not involve another candidate or □ Coordinated with reimbursement sought (joint expend □ Coordinated without reimbursement sought (in-kind or		÷.					
Name of Vendor, Person or	I Entity			Date of Transaction				
Street Address		City		State	Zip Code			
Purpose of Expenditure (by code)	Description		Event #		Amount			
Expenditure # (if applicable)								
Name of Vendor, Person or	I Entity			Date of Transaction				
		·						
Street Address		City		State	Zip Code			
Purpose of Expenditure (by code)	Description		Event#		Amount			
Expenditure #	Type of Expenditure (Itemization in Addendum R Required	d unless "None of the below"	is checked)	1				
(if applicable)	☐ None of the below (does not involve another candidate o☐ Coordinated with reimbursement sought (joint expend	r committee)			·			
	Coordinated without reimbursement sought (in-kind of		zation: o A o B o C o D).				
		UBTOTAL Section R—	This Page					
526 200 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100	PO	TAL of additional Section	R Pages					
TO	FAL OF ALL EXPENSES INCURRED ON (Enter total on Liv	COMMITTEE CRED ne 27, Column A of Summary	IT CARD Page Totak)					

NAME OF COMMITT	EE Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT				
Jeremy Depress For City Cancil July 10					Filina		
	S. Expenses Incurred by Comr	nittee but Not Paid)		
Name of Creditor				Date Incurred	d		
Street Address		City		State	Zip Code		
Purpose of Expenditure (by code)	Description Event#			Amount Incurred (Estimate or Actual)			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required at None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expendit Coordinated without reimbursement sought (in-kind co	committee)					
Name of Creditor				Date Incurred			
Street Address		City		State	Zip Code		
Purpose of Expenditure (by code)	Description		Event#		int Incurred ate or Actual)		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required to None of the below (does not involve another candidate or compared with reimbursement sought (joint expenditors). Coordinated without reimbursement sought (in-kind continued).	committee)	•				
Name of Creditor				Date Incurred			
Street Address		City		State	Zip Code		
Purpose of Expenditure (by code)	Description		Event #	I .	ant Incurred ate or Actual)		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required to None of the below (does not involve another candidate or a Coordinated with reimbursement sought (joint expendit Coordinated without reimbursement sought (in-kind con	committee)					
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		OTAL of additional Sec					
TOTAL OF ALL E		ine 28, Column A of Summa	ny Page Totals)				
	Previously reported Exp						
		e 28a, Column A of Summa					

NAME OF COMMITTE	E. (Provide Complete Name as Registered with Filing Repositor	לע			TY	PE OF RE	PORT			
Seremy Deprey For City Cancil						Suly to Filing				
1975 - 19	T. Itemization of Reimbursemen	its	to Commi	ittee Wor	kers and	l Consu	iltants		2	
Last Name of Worker/Consultant			rst				MI		Payment to Vendor, or Entity	
Name of Vendor, Person or							Committee	Worker/Consultant as		
						1 -	n Section P: ck #	☐ Debit Card ☐ EFT		
Street Address of Vendor, I	Person or Entity Paid by Committee Worker/Consultant	City			.		State Zip Code			
Purpose of Expenditure (by code)	Description	Event #							Amount	
Expenditure #					<u> </u>					
(if applicable)	Type of Expenditure (Itemization in Addendum T Require			of the below".	is checked)					
	☐ None of the below (does not involve another candidate☐ Coordinated with reimbursement sought (joint expe			☐ Indepe	ndent					
·	☐ Coordinated without reimbursement sought (in-kind	cor	ntribution)	☐ Organi	zation: o A	ово	СОД			
Last Name of Worker/Cons	ultant	Fi	rst				MI	Date of Person of	Payment to Vendor, or Entity	
Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant	<u> </u>				Payment t	o Reimburse	Committee	Worker/Consultant as	
						reported in	n Section P:		bit Card	
Street Address of Vendor, F	erson or Entity Paid by Committee Worker/Consultant		City					State	Zip Code	
Purpose of Expenditure (by code)	Description				Event #				Amount	
Expenditure #	Type of Expenditure (Itemization in Addendum T Requir	ed i	unless "None o	of the below"	is checked)					
(if applicable)	☐ None of the below (does not involve another candidate			-						
2	☐ Coordinated with reimbursement sought (joint expe☐ Coordinated without reimbursement sought (in-kind			☐ Indepe	endent zation: o A	ово	СОВ			
Last Name of Worker/Cons	ultant	Fi	rst				MI	Date of Person o	Payment to Vendor, or Entity	
Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant	<u> </u>				Payment t	o Reimburse	Committee	Worker/Consultant as	
Total of Total of Callety Tallety Committee Worker Committee						n Section P:		ebit Card 🔲 EFT		
Street Address of Vendor, I	Person or Entity Paid by Committee Worker/Consultant		City			LI Che	OK II	State	Zip Code	
								- - -		
Purpose of Expenditure	Description		L		Event#				Amount	
(by code)									1 AMOUNT	
Expenditure #	Type of Expenditure (Itemization in Addendum T Requir	od :	unless "Nane	of the helow"	is checked)					
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		T	OTAL of ado	ditional Sec	tion T Pag	jes .		<u>-</u>		
TOTAL OF ALL	REIMBURSEMENT TO COMMITTEE	W(ORKERS A	ND CONS	SULTAN	TS				